NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am § Secretary of State

03-23-1999 90020 041 ****61.25

DOCUMENT # N9700004586

Corporation Name

AFFORDABLE HOUSING FOUNDATION, INC.

Principal Place of Business

Mailing Address

40347 US HWY 19 NORTH STE 107 TARPON SPRINGS FL 34689 40347 US HWY 19 NORTH STE 107 TARPON SPRINGS FL 34689

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2. 21	Principal Place of Business				2a. Mailing Address						3. Date Incorporated or Qualifed 08/12/1997							
21]	Suite, Apt. #, etc.				Suite, Apt. #, etc.						4. FEI Number				Арр	lied For		
22	Guild, p.p. ii, did.				27						59-3465302				Not	Applicable		
23	City & State				City & State				•		5. Certificate of Status Desired		\$8.75 Additional Fee Required					
23	Zip		Zip Cour			ountry		6	6. Election Camp	aign Financing		\$5	.00	May Be				
24	r	Country Zip Co [25] 29 30									Trust Fund Co	-		•	ded to	,		
			and Address of Current				10. Name and Address of New Registered Agent											
								Γ	Name									
	DEVED DAVID A								82 Street Address (P.O. Box Number is Not Acceptable)									
	BEYER, DAVID A C/O RUDNICK & WOLFE								Street Au	iui ess ((F.O. BOX NUMBE	ii is Not Accept	2010)					
	-,		/D STE 2000				83	T										
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1	TAMPA FL	. 33602					84	ı	City				FŁ	85	Žip C	ode		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.															egistered istered			
SI	GNATURE	Signature, typed	or printed name of registered agent	and title	if applicable. (NOTE:	Regis	stered Ager	nt s	signature requ	ired when			DATE					
12	l.		OFFICERS AND	DIRE	CTORS	I	13.	_			ADDITIONS/CH	IANGES TO OF	FICERS A					
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATIVE REQUIRED

03/17/99 727-937-7727